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FINAL Pathology Report for Burdick, Donald

Patient: Burdick, Donald

Date of Surgery: 01 03 2020 Date Received: 01 06 2020 Date Reported: 01 07 2020

#### Diagnosis

EYEBROW, SUPERIOR LATERAL TO LEFT LATERAL: Early Seborrheic Keratosis, Benign (slg)

#### Source

EYEBROW, SUPERIOR LATERAL TO LEFT LATERAL

# Specimen Clinical Information NUB

#### Gross

Thin, 3x2 mm, brown granular surface, inked. Totally submitted. (bm)

#### Microscopic

The lesion is a broad papilloma characterized by epithelial proliferation of basaloid and squamoid cells with laminated and basketweave horn and horn pseudocysts. There is no evidence of malignancy.

Page 1 of 5

BURDICK, Donald T

04/17/2018

#### **Reason for Appointment**

1. Needs anal canal examination

#### **Assessments**

- 1. Gastro-esophageal reflux disease without esophagitis K21.9 (Primary)
- 2. Anal lesion K62.9
- 3. Heartburn R12
- 4. Dysphagia, unspecified R13.10
- 5. Umbilical hernia without obstruction or gangrene K42.9, incarcerated

#### **Treatment**

1. Gastro-esophageal reflux disease without esophagitis

Notes: Patient appears to have severe GERD. EGD confirmed the presence of stricture and evidence of esophagitis. Pt also has anal lesion

#### History of Present Illness

GERD:

EGD showed presene of esophagitis. had dilatation with 54 f

h/o regurgitation, h/o waterbrash started one year ago. h/o tinititus and seen due to ear pain. larygoscopy by based on globus sensation. recent thyroid sonogram showing 1.5 cm lymph node in the left neck.. pt ot have lymph node biopsy in the left neck near future. recently taken esopmeprazoel, ranitinde . Pt now has dysphonia. previously professional singer. retired from computer job.

c/o Heartburn. c/o Acid brash. c/o Water Brash. c/o regurgitation. c/o hoarseness.

Denies: Abdominal pain.

umblical hernia:

c/o periumbilical bulge. c/o heavy lifting.

Denies: nausca. Denies: vomiting. Denies: chronic cough. Denies: constipation. Denies: straining

Page 2 of 5

BURDICK, Donald T

04/17/2018

Endocrine: Fatigue Yes. ' Respiratory:

Persistent cough Yes.

Gastrointestinal: Acid reflux Yes.

Page 3 of 5

BURDICK, Donald T

04/17/2018

DOS:

Neurologie: Confusion No. Headache Yes.

Examination

General Examination:
GENERAL APPEARANCE: alert and oriented.

Page 4 of 5

## Burdick, Donald T

02/13/2018

#### Reason for Appointment

1. Gerd, possible fundoplication needed, referred by dr. gai;

#### **History of Present Illness**

GERD:

h/o regurgitation, h/o waterbrash started one year ago. h/o tinititus and seer due to ear pain. larygoscopy by based on globus sensation. recent thyroid sonogram showing 1.5 cm lymph node in the left neck.. pt of have lymph node biopsy in the left neck near future. recently taken esopmeprazoel, ranitinde. Pt now has dysphonia. previously professional singer. retired from computer job.

52 year old male presents with c/o Heartburn. c/o Acid brash. c/o Water Brash. c/o regurgitation. c/o hoarseness.

The hernia was discovered by the patient.

Page 5 of 5

#### **Assessments**

- 1. Gastro-esophageal reflux disease without esophagitis K21.9 (Primary)
- 2. Heartburn R12
- 3. Dysphagia, unspecified R13.10
- 4. Umbilical hernia without obstruction or gangrene K42.9, incarcerated

#### **Treatment**

1. Gastro-esophageal reflux disease without esophagitis
Notes: Patient appears to have severe GERD. Discussed options including
continuation of medcial management versus surgical intervention. Explained
the mechanism of GERD and symptoms associated with the condition. The
surgery entails laparoscopic Nissen fundoplication. recommend EGD to
assess severity of esophagitis. recommend colonoscopy for an evauation of
tenesmus symptoms.,Gastroesophageal reflux disease material was
published to portal.

Patient: Burdick, Donald T

02/13/2018

### Appendix 37 – A portion of my medical record showing allergy to chicken and other ailments **Exhibit F-6**

Asr. 12. 2018 11:07AM

Colonoscopy Procedure Report

Patient:

DONALD BURDICK

Exam Date:

04/03/2018

Indications: A year old male patient presents for an outpatient Colonoscopy for Average-risk screening. Rectal pain.

Medications: Per Anesthesia

Rectal Exam: Normal rectal exam.

Anal lesion

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Patient:	DONALD BURDICK
Exam Date:	04/03/2018
be causing possible	LA Class A esophagitis was found in the distal third of the esophagus. A stricture was found to obstruction and possible narrowing in the distal third of the esophagus. Dilatation was performed,

#### Impressions:

- Esophagitis seen in the distal third of the esophagus.
  Stricture was present in the distal third of the esophagus. Dilatation was performed.
  Mild gastritis was found in the body of the stomach and antrum. Four biopsies taken
  A hiatus hernia was found in the stomach.

Apr. 12. 2018 11:07AV PATTENT: BURE	DICK, DONALD	Nc. 7357 °.	5 9
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g esophagitis-esophagus-distal third of the esophagus

2 of 3

Patient: DONALD BURDICK

